



## WRITE-OFF REQUEST FORM

TO:

Diane Ledwell, Deputy Comptroller  
Office of the Comptroller  
One Ashburton Place, 9th Floor  
Boston, Massachusetts 02108

FROM:

Dept: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **RECEIVABLE TYPE:**

BARS Detail RE(s) and # of receivable(s) for write-off request: \_\_\_\_\_ Total WO amount \$ \_\_\_\_\_

BARS Summary RE(s) \_\_\_\_\_ Total WO amount \$ \_\_\_\_\_

Summary RE Line # \_\_\_\_\_ Amount to be written off per Line \$ \_\_\_\_\_

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(Please report on a separate piece of paper if more lines are needed or if more than one summary RE is being WO.)

Description of Receivables: \_\_\_\_\_

Has Receivable(s) been placed for collection: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Has Receivable(s) been placed for intercept: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Collection Agency Name: \_\_\_\_\_

Reason for Collection Agency Return: \_\_\_\_\_

(Attach notification from Collection Agency returning outstanding debt).

Reason Receivable has not been placed for collection or intercept: \_\_\_\_\_

Reason for write-off \_\_\_\_\_

(Attach copies of supporting documentation: Probate Records, agreements or correspondences).

**All preconditions for write-offs as stated in 815 CMR 9:00 Debt Collection, have been met.**

Authorized MMARS Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title: \_\_\_\_\_

Note: This document must be accompanied by a cover letter requesting write-off and a detail list of accounts addressed to Diane Ledwell, Deputy Comptroller. Any questions please contact Kevin Moran or Maria Bottari at the OSC Revenue Bureau @ (617) 973-2418.